

30-A R.C. 3517.10



Ohio Campaign Finance Report 05 DEC 15 PM 12: 13

Prescribed by Secretary of State 3/05

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Full Name of Committee						Registra	tion Num	ber if P	ACE (TIONS
Glaeden for Judge	3		<u></u> .			<u> </u>				
full Name of Candidate										
Carrie E. Glaeden										
Street Address				Office Sought F	rankli	in Cou	nty	Distric	1	
100 South Third St	treet			Municipa	1 Cour	ct, Un	expire	il Ter	om Enc	ling 1,
City					S	State	Zip Cod	le		
Columbus					Ιo	Н	432	15		
Type of Report was a superior.	Pre-Primary	Post-Primary	Pre	-General	Х	Post-Ge	neral		Annua	l Year
place X to the left of report	July	August	Sep	tember	i				Semia	nnual
ype)	Monthly	Monthly	Мо	nthly		Termina	ition	ľ		
Amended Report?	Report Ele	ectronically filed?	2 804	in Laws		M		D		Y
☐ Yes 🗸 No		Yes ☑ No	otici di di	ical de la companya d	1	1	١٥	8	lo	5

check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1 Amount brought forward from astreport	\$ 10,588.45
Total monetary contributions (From Form No. 31-A)	\$ 500.00
3. Total other income (From Form No. 2) Let 2) 100 mars 1 and 1	\$ 0.00
4 Total funds available (sum of lines 1, 2, 3)	\$ 11,088.45
5. Total inductory expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 11,088.45
7 Value of in-kind contributious received (From Form No. 31-J-1)	0.00
S. Value of m-kind contributions made (Grin Torus No. 31. 2) and the	0.00
Outstanding loans over by committee (Fran Form No. 31–C)	\$ 4,000.00
radius - rapterijas (*) 10.000 auguming returblet by eliminine (*) auguming (*)	0.00
Outstanding loss owed to committee Prom Form No. 314.0) e. a	\$ 0.00
12. Value of independent expenditures mode (Front Porm No. 31-U).	\$ 0.00
13/ For Electronic Filing Entities only in the control of the Some of the Control of the Some of the S	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PEVALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIRTH DECRME Kurtis A. Tunnell, Treasurer									
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date									
Contribution	Expenditure	Other	Total						
pages 1	pages()	pages 2	pages 3						

Dage	2	
rage	<u> </u>	

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Glaeden for Judge										· · · · · ·
Full Name of Contributor				Regis	trat	tion N	umt	per, if l	PAC	2
Woody Fox										
Street Address	Employer/Or	ccupa	ntion/Labor Organization						Ī	Form (Cash, Check, etc.)
209 S. High Street, Suite 303										Check
City	State		Zip Code	M		D		Y	- 1	Amount
Columbus		$H_{\underline{}}$	43215	1	1	1	4	0	5	250.00
Full Name of Contributor				Regis	trat	tion N	umt	ocr, if	PAC	
Porter, Wright, Morris & Arthur LLP										
Street Address	Employer/O	ecupa	ntion/Labor Organization						I	Form (Cash, Check, etc.)
41 S. High Street									1	Check
City	State		Zip Code	M		D		Y	1	Amount
Columbus		Н	43215	11	1	11	7	01.	5	250.00
Full Name of Contributor			<u> </u>	Regis	trat	tion N	umi	ber, if	_	2
Street Address	Employer/O	ccupa	ntion/Labor Organization			-			1	Form (Cash, Check, etc.)
	}									
City	State		Zip Code	M		D		Y	1	Amount
			'				ļ	1	- 1	
Full Name of Contributor			<u> </u>	Regis	trat	tion N	uml	per, if	PAC	
				ľ				ŕ		
Street Address	Employer/O	ecuna	ation/Labor Organization						Į.	Form (Cash, Check, etc.)
5441.144.55									1	, , ,
City	State		Zip Code	Тм		D		Y	+	Amount
Chy						آ ا		ì	ı	
Full Name of Contributor			1	Regio	tra	tion N	uml	ber, if	PΔC	·
Full Ivalie of Collabolion				Regis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LIOII I 4	ш	DC1, 11		
Street Address	Employer/O	ccups	ation/Labor Organization	_					h	Form (Cash, Check, etc.)
Street Addition	Employen	ooup.	MION EMOOF OF SMILE MION						ľ	om (own, onom, are.)
City	State		Zip Code	М	-	D		Υ	-	Amount
City	State		Zip Code	1					ľ	, another
Full Name of Contributor	1			Paris	tro	tion N	(1200)	ber, if	DΛC	3
run Name of Conditionor				Kegis	su a	tion to	шш	oci, ii .	IAC	•
C44 A 33	[Employer/O	aauna	ation/Labor Organization		_					Form (Cash, Check, etc.)
Street Address	Employer/O	ccupa	ation/Labor Organization						ľ	roim (Casii, Check, etc.)
	- C		[7:- C-1-	1 14				l v	-	A
City	State		Zip Code	M		D		Y	ľ	Amount
			<u> </u>							
Full Name of Contributor				Regis	stra	tion N	umi	ber, if	PAC	÷
	1									
Street Address	Employer/O	ccupa	ation/Labor Organization						ľ	Form (Cash, Check, etc.)
									_	
City	State		Zip Code	M		D		Y	ľ	Amount
Full Name of Contributor				Regis	stra	tion N	lum	ber, if	PAC	
	_									
Street Address	Employer/Occupation/Labor Organization									Form (Cash, Check, etc.)
City	State		Zip Code	М		D		Y	T	Amount

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ ______500.00

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R.	C.	351	7.	10

Page	3

Statement of Loans Received

						Pr	resc	ribed b	y Sec	retar	y of St	ate3/05						
Full Name of Committee																		
Glaeden for Judge																		
From Whom Received													Pri	or An		00	00	Amt. Incurred this Period
Carrie E. Glaeden			_										┺		_ 4,0	UU.	<u>UU</u>	0.00
Address 5142 Highland Meado	ws	Dı	ive															Outstanding Balance 4,000.00
City	Stat	te	Zip Code			Lo	ans	Receiv	ed T	his F	eriod	Amount	Г		Dat		Paym	ents This Period Amount
Hilliard Date Loan was originally	M	П	43026	Ý	М		_	Date D	I y	,	\$	Amount	+,	И	D		Y	\$
Incurred (1882)		0		0 3	IV.				<u> </u>		•	0.00		*				0.00
Registration Number, if PAC					M	[D	Y				N	1	D		Y	
Employer/Occupation/Labor Organization*					М	[\dagger	D	Y	,			N	Л	D	+	Y	
From Whom Received		-											Pri	or An	ount			Amt. Incurred this Period
Address												·	┺		_			Outstanding Balance
Address															_			Outstanding Dalance
City	Stat	te	Zip Code			Lo	ans	Receiv Date	ved T	his F	eriod	Amount	l		Da		Paym	ents This Period Amount
Date Loan was originally Incurred	М		D	Y	М			D	Y	, 	\$		ì	И	D		Y 	S
Registration Number, if PAC	I,I				М	i	Ť	D	7			,	1	И	D		Y	
Employer/Occupation/Labor Organization*					M	I	t	D)	<u> </u> 			1	M	D	t	Y	
From Whom Received					<u> </u>				<u>i .</u>	İ			Pri	or An	nount	I		Amt. Incurred this Period
Address				••••							•							Outstanding Balance
City	Stat	te	Zip Code		Γ	Lo	ans	Receiv Date	ved 1	his F	eriod	Amount	Payments This Period Date Amount					
Date Loan was originally	М	}	D	Y	M	ſ	Т	Date	3	, 	¢	Amount	+,	M	T D	_	Y	S.
Incurrection	171				14.			<u> </u>			•			'			1	
Registration Number, if PAC					М	1		D	,	r 			1	VI	D		Y	
Employer/Occupation/Labor Organization*					M	1	1	D	,	/			1	М	D		Y 	
* Required for contributions over \$100 to st if any, rather than employer should be listed the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this p	. If two	o on R.C.	more emp 3517.10(loyees do B)(4) ce" space	onate	via _l msfe	pay	roll dec	luctio	n and	d exce	ed the aggregate of \$10 this period to the State	00, ti	ne lab	or organi: ther Inco	zatioi me (l	n of w	hich No. 31-A-2).

1	Total prior amount \$	4,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	4,000.00	(To Form No. 30-A)